

## **PERSONAL HISTORY STATEMENT INSTRUCTIONS**

Hand print in blue ink or type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, use a separate sheet of paper and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Applicant must initial each page, as provided in the lower right hand corner. By placing his/her initial on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this Personal History Information is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license. Failure to complete this application fully may result in the application not being processed, may result in the application being returned to the applicant for completion, or may result in denial of a license.

Authorization For Examination and Release of Information (Form 1) is also attached and must be signed and notarized by the person completing this form.

Fingerprint Card - As required by Mont. Code Ann. §16-4-414 , 23-5-177 and Mont. Admin. R. §23.16.103, effective 10/01/03 a properly completed fingerprint card must be completed and returned with this application. The individual can take the card to a local law enforcement agency or to the Montana Department of Justice ID Bureau for fingerprinting. (It should be noted that some law enforcement agencies might charge a fee for this service.) Upon completion, a \$32.00 processing fee will be assessed. Please attach a check, money order, or cashier check in the amount of \$32.00 payable to the "Gambling Control Division" to the completed Personal History Statement. **DO NOT BEND, FOLD OR STAPLE THIS CARD.**

### **PERSONAL HISTORY STATEMENT** ***(Please Type or Print in Blue Ink)***

NAME OF APPLICANT:

First Middle Last

HOME MAILING ADDRESS:

HOME STREET ADDRESS:

CITY/STATE/ZIP:

OTHER NAMES:

(Alias, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

WORK PHONE:

( ) HOME PHONE: ( )

DATE OF BIRTH:

Month Day Year

PLACE OF BIRTH:

City County State

U.S. CITIZEN?

☐ Yes ☐ No

IF NATURALIZED:

Month Day Year

SOCIAL SECURITY NO.:

DRIVER'S LICENSE NO.:

State

SEX: ☐ Male ☐ Female HEIGHT: ' " WEIGHT: lbs EYES: HAIR:

**STAPLE FINGERPRINT  
PAYMENT HERE**

**TYPE OF LICENSE YOU WISH TO OBTAIN:**

☐ Gambling Operator   ☐ Liquor Operator   ☐ Manufacturer   ☐ Distributor   ☐ Route Operator  
☐ Card Dealer   ☐ Card Room Contractor   ☐ Sports Tab Seller   ☐ Non-Institutional Lender (NIL)

**POSITION WITH BUSINESS:**

☐ Owner   ☐ Shareholder   ☐ Partner   ☐ Manager   ☐ Officer   ☐ Director  
☐ Other   ☐ Member LLP   ☐ Member LLC

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**CURRENT EMPLOYER:**

Business Name: \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Street City State Zip

Name of Immediate Supervisor: \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_

Name of Gambling Employer: \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
(If different from above or if seeking employment at a gambling establishment)

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**MILITARY INFORMATION:**

Have you ever served in any armed forces:

☐ Yes   ☐ No

Branch: \_\_\_\_\_ Date of Entry-Active Service: \_\_\_\_\_

Date of Separation: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

Rank of Separation: \_\_\_\_\_ Serial Number: \_\_\_\_\_

While in the military service were you ever arrested for an offense which resulted in summary action, a trial, or special or general Court Martial?

☐ Yes   ☐ No   If yes, furnish details on a separate sheet.

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**CRIMINAL HISTORY:**

HAVE YOU EVER BEEN, FOR ANY CRIMINAL OFFENSE (felony or misdemeanor, including reckless driving, and DUI) Note: answer each question by indicating yes or no:

Convicted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Court-Martialed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Received a Sentence/		Pled Guilty?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Deferred Prosecution?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pled No Contest?	<input type="checkbox"/> Yes <input type="checkbox"/> No

For any Yes answers, complete the following by giving details in the space provided at the top of page 3. List all cases without exception.

Date of Arrest	Age	Charge	Location - City and State	Disposition	Arresting Agency

Have you, as an individual, member of a partnership, or owner, director, or officer of a corporation, ever been a party to a lawsuit.

☐ Yes ☐ No

(other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant	Court and Case Number	City, County, State	Disposition

## RESIDENCES:

List all your places of residence in the past 10 years, beginning with most current:

From - To (Month & Year)	Street and Number	City/County	State

## EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of employment since 18 years of age or 10 years, whichever is less. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, or stockholder of a privately held corporation, or related capacity.

From - To (Month & Year)	Name/Mailing Address of Employer/Business		Reason for Leaving
Titles	Description of Duties	Name of Supervisor	Gambling Present? <input type="checkbox"/> Yes <input type="checkbox"/> No
From - To (Month & Year)	Name/Mailing Address of Employer/Business		Reason for Leaving
Titles	Description of Duties	Name of Supervisor	Gambling Present? <input type="checkbox"/> Yes <input type="checkbox"/> No
From - To (Month & Year)	Name/Mailing Address of Employer/Business		Reason for Leaving
Titles	Description of Duties	Name of Supervisor	Gambling Present? <input type="checkbox"/> Yes <input type="checkbox"/> No
From - To (Month & Year)	Name/Mailing Address of Employer/Business		Reason for Leaving
Titles	Description of Duties	Name of Supervisor	Gambling Present? <input type="checkbox"/> Yes <input type="checkbox"/> No

Have you ever been fired or asked to resign from any employment related to gambling?

☐ Yes ☐ No If yes, please explain: \_\_\_\_\_

### CHARACTER REFERENCES:

List three (3) character references that have known you five or more years. Do not include relatives, present employer, or present employees.

Name and Where Employed	Street	City /County	State Zip	Phone Number	Years Known
Name:	Home:				
Employer:	Business				

Name and Where Employed	Street	City/County	State Zip	Phone Number	Years Known
Name:	Home:				
Employer:	Business				

Name and Where Employed	Street	City /County	State Zip	Phone Number	Years Known
Name:	Home:				
Employer:	Business				

I declare under the penalties of false swearing and/or the denial/revocation of any licenses granted pursuant hereto, that I am the applicant and that I have examined this reporting form, including any attachment(s), and that the responses are true, correct and complete. I understand if this application or attachment(s) contains false information I am subject to the criminal penalties of sections 45-7-202, 45-7-203, and 45-7-208, Montana Code Annotated, and/or denial/revocation of any alcoholic beverage or gambling licenses granted pursuant to this application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Person Signing

**NOTARY SEAL**

On this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Personally appeared \_\_\_\_\_

Before me a Notary Public for the State of \_\_\_\_\_

\_\_\_\_\_(Notary Signature)

\_\_\_\_\_(Print Name of Notary)

My Commission Expires \_\_\_\_\_(Month, Day & Four Digit Year)